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ABSTRACT

All state directors of adult education in the United States were asked to complete a questionnaire requiring them to consider health within the context of learning and offer priority ratings for health from the various standpoints. An 88% response rate was achieved. On a 5-point scale, the state directors' mean ratings of health from selected standpoints were as follows: health as a content area to support other curriculum goals, 3.8; health as a subject of study, 3.2; health literacy as a skill area, 3.7; and extent to which adult learners' health is a barrier to learning, 3.5. The most frequently listed barriers to addressing health in programs of adult basic education and English for speakers of other languages were as follows: lack of curriculum (resources) and teacher training; existing demands on teachers; lack of privacy needed to teach sensitive topics in mixed gender classes; lack of student interest or willingness to participate; and students' low literacy levels and low ability to read health materials. It was concluded that health educators who are interested in fostering integration of health and adult learning must attend to structural needs within their adult education system and maintain a focus on helping adults improve their reading and writing skills. (MN)

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NCSALL

National Center for the Study of Adult Learning and Literacy

FINDINGS FROM A NATIONAL SURVEY OF STATE DIRECTORS OF ADULT EDUCATION

by

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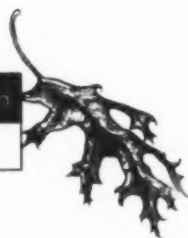
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EXECUTIVE SUMMARY

State Directors of Adult Education were asked to consider health within the context of adult learning and to offer priority ratings for health as a content area through which other skills may be taught, as a subject of study, as a skill area, and as a barrier to learning. In addition, directors were asked to list barriers to incorporating health lessons in adult learning centers and to identify concerns or considerations that must be addressed. Additional commentary was invited.

The survey response rate was 88%. The state directors offered relatively high priority ratings for health issues, with mean ratings between 3 and 4 on a five point scale (1 indicating low priority and 5 indicating high priority.) The most frequently listed barriers were lack of curriculum on health and lack of teacher training. They identified a variety of concerns with as strong emphasis on structural issues and resources. Health educators interested in fostering an integration of health and adult learning must attend to structural needs within the adult education systems and must maintain a focus on helping adults improve their reading and writing skills.

FINDINGS FROM A NATIONAL SURVEY OF STATE DIRECTORS OF ADULT EDUCATION

INTRODUCTION

Public health educators are being drawn to adult education classrooms in an effort to reach out to communities in need. Only a small part (2 million) of the 90 million adults identified in the National Adult Literacy Survey (NALS) as having limited literacy skills attend ABE, literacy or ESOL classes, but those students are members of families and communities and can act as effective channels for health promotion among people in low income and minority populations. In addition, ABE and ESOL classes can provide health educators with a venue in which information about health issues can be presented, discussed, critically considered and analyzed. Health issues are of vital importance to adults and their interest in the subject matter may help provide motivation for learning basic skills. Consequently, health topics may serve to provide ABE and ESOL instructors with content around which reading, writing, oral expression and math skills can be learned and practiced. However, linkages between adult education and health education must be based on an understanding of priorities, needs, and constraints. Several inquiries, conducted by the National Center for the Study of Adult Learning and Literacy (NCSALL) Health and Adult Learning and Literacy initiative, are focused on identifying such priorities and needs from the perspective of state directors, teachers, and adult learners. This report focuses on a national survey of State Directors of Adult Education.

METHODS

Notification about a national survey of ABE and ESOL teachers was sent out to all State Directors of Adult Education in the United States just prior to the survey mailing to adult learning centers. This notification informed directors about the process and content of the research effort focused on the idea of introducing health topics in adult education programs. Teachers of ABE and ESOL classes were being asked about the topic of *health* as an issue for their learners and about *health* as a potential area of study. State Directors were also sent a brief overview of NCSALL, a description of the health and literacy studies of NCSALL, and an article from *Focus on Basics* (NCSALL's quarterly publication) summarizing a study of adult educators in Massachusetts who had experience teaching health topics in their classes. In addition, State Directors were asked to fill out a one-page survey.

The cover letter and the survey form invited State Directors to consider *health* as a content area to support curriculum work and to consider the *health status of students* as a barrier to learning. Directors were asked to rate health as a *content area through which other skills may be taught*, as a *subject of study*, as a *skill area*, and as a *barrier to learning*. Next they were asked about barriers to incorporating health lessons in adult learning centers and to identify the concerns or considerations that must be addressed before teachers are able to do so. The survey form also invited commentary at the end.

Forty six of the fifty two state directors (88%) completed and returned the survey form. All four regions of the country were represented, and the numbers of directors responding in each of the four regions were almost identical. One state director queried a majority of the directors of the state's community schools. These responses were averaged and counted as one response, representing the state.

FINDINGS

Health as a Priority

State directors were asked to rate four different considerations of health on a five point scale with 1 indicating *low priority* and 5 indicating *high priority*. State directors offer a rating of **3.8** for the *value of health as a content area* to support curriculum goals (in other words, health as a vehicle through which other reading and writing skills may be taught). Directors offer a mean rating of **3.2** for health as a *subject area of study* and a mean rating of **3.7** for *health literacy as a skill area*. Two of the 46 directors responding to the survey did not offer a ranking for these two items. Finally, directors offer a mean rating of **3.5** for *the extent to which health of adult learners is a barrier to learning*. No differences are noted for ratings in the four regions of the country. Overall, health (as a content area, as a subject of study, as a skill area, and as a barrier to learning) is offered a **higher than mid range rating**, between 3 and 4 on a 1(low) to 5(high) rating scale.

Barriers

The state directors responding to the survey identify multiple barriers to addressing health in ABE and ESOL classes. The barriers include those related to teaching and those related to students. The most frequently listed barrier was lack of curriculum (resources) and teacher training. Table 1 lists key themes and summary categories of the responses. Direct examples of Directors' responses include:

Large class size is a barrier to individual discussions regarding health and the privacy issue regarding adult health disclosures is also a barrier.

Our delivery system handicaps attempts to teach special topics such as health.

Teachers have indicated a lack of resources to teach appropriate health issues.

Current information may be hard to access; readability levels for written information may be too high, the scientific complexity may be difficult to simplify...

[A barrier is] teachers not fully understanding contextual curriculum.

Concerns to be Addressed

State directors identify key concerns or considerations that must be addressed before health can be taught in adult learning classes. As noted in Table 2, the most frequently mentioned concerns are, similarly, the paucity of curriculum, time constraints, and the need for teacher training. For example, State Directors note:

Teachers need in-service on health related topics, especially the science of the human body.

[Teachers need] training in contextualized learned and targeted health education training [as well as] resources dedicated to community partnerships, particularly between ABE/ESOL and health services.

Teachers may need opportunities to explore and better understand their own perceptions with respect to health and its meaning in their own lives as a means of engaging students.

Teachers have indicated a lack of resources to teach appropriate health issues.

Curriculum for health that can be integrated into adult classes.

Need curriculum that also teaches basic education skills.

The ever ominous "time factor;" i.e. when do we do one more thing?

Demonstrating relationships between health and success in life, programs, etc.

Must have administrative support for the effort on the local level

General Comments

In the final commentary section, directors offer thoughts on a variety of issues. One state director clearly highlights the importance of health:

I believe the integration of health content should be a priority concern for adult education.

Several state directors note that health is an issue that influences students in many ways. For example, directors note links between health, retention, and learning:

Retention is a major concern of most programs. Absenteeism and drop outs are frequently due to health concerns of students or family members. Learners in attendance often have health problems ranging from poor eye sight and dental health to poor nutrition and substance abuse.

Health is an important area to address as a retention/ learning issue. Students do not realize when they have vision, hearing, blood pressure, sugar, related problems. Health screening as a support area is also important.

Health issues create attendance problems as well as academic performance problems. Either the adult students have frequent health related problems or their children do.

In most cases, adults miss class due to ill children or other family members.

Health is vital. Without it, nothing can be accomplished. If an adult has health problems, learning has to take a back seat to everything else.

If mental and physical health is not a part of students' lives, learning is almost impossible to happen. There needs to be a positive, cooperative working relationship among health providers, educators, employers, and the many agencies that provide services. Just one of these above cannot and should not bear the weight and responsibility of dealing with health issues.

Others highlight the importance of different aspects of health:

Emotional health is a considerable barrier.

The 16 to 24 year old adult learners are a larger percentage and may yet to experience (physical) health problems of old learners. But all adult learners in ABE may be effected by mental health issues. My personal belief is that mental health issues are not addressed enough.

For some it is of great concern -- especially those with drug/chemical abuse problems. But those numbers are low in our typical ABE classes in our state.

Often, it was a childhood problem that resulted in missed school.

Children's health or lack of health is another factor in the adult learners' experience.

Elder care is another health education need for adults whose parents may require care.

Nutrition is health related and has a big impact according to some research.

Many students have undiagnosed vision or hearing problems. Drug abuse issues are often a block to learning. Poor nutrition as well as life styles also impact learning.

Several directors address personal and professional issues for teachers and learners:

This topic, for some teachers, is an overwhelming one. In many cases, there may be individuals from many cultural backgrounds in a single classroom.

Motivation is very important.

If we can get them to read first perhaps they will be more understanding of health issues.

If ill, they [students] don't inform adult educators. They consider health a personal matter not an educational concern.

People with serious health problems just don't come.

Many adult learners have placed their personal health as a low priority and fail to see the importance of viewing health as a number one priority before any measure of success can be completed.

It is difficult to assess how much student health problems interfere with learning because students often have grown up with poor hearing or vision, pain... and don't consciously allow it to be known.

Two directors note current activities:

A wide variety of health topics and issues are included in our curriculum for ABE, literacy, and ESL classes. Personal health, community health issues, and solutions to the problems caused are included. That includes attending class or going to work. Prevention and intervention solutions must be examined without mandating or prescribing action by students.

Our state is a partner with World Education in Boston for the Center for Disease Control Funded HEAL project which focuses on Breast and Cervical Cancer.

Others highlight the need for structural support:

The need for additional resources almost goes without saying. But I will say it. Will Health and Human Services or some part of the medical profession assist us in development, resources, and staffing?

Adult Education needs emphasis upon developing curriculum for in-servicing on health education for ABE/ESL/High School in order to deal effectively with issues.

It is my understanding that federal and state statues limit funding of adult education to ABE, ASE, ESOL and citizenship. It is very appropriate to teach ABE or ESOL lessons using health issues as the context. I don't believe we can legally fund "health" classes, however.

Health agencies and adult educators don't work together -- we simply do not have time. We have very limited staff and mandated tasks (by legislation) are all we can currently do.

Our state's population is generally healthy. We are basically a rural state with may part time programs. Full time programs will be more receptive to implementing health and literacy studies.

We cannot take on the mission of health education but could certainly utilize a good curriculum in our programs.

Given the part time nature of most ABE and ESL programs, we must prioritize. The overall need is for workforce education, given the mandates including welfare to work.

DISCUSSION

Overall, the large percentage of health directors who answered a brief survey on health and adult education indicate that health is of relatively high priority. Higher than mid range rankings are offered for various configurations of how health might be considered in the adult learning environment. Both health as a content area and as a skill area (functional health literacy skills) are offered rankings above 3.7. State directors highlight both the constraints within the adult learning environment and the limited availability of health related information as

important limitations. These barriers include the paucity of materials, teacher in-service opportunities, and collaborations with the health sector. Concerns that must be addressed before teachers are able to teach health lessons similarly point to the need for support, materials, and training. Time pressures and other structural constraints are ever present.

Responses from the State Directors of Education indicate a recognition of the importance of health issues and an interest in integrating health education and adult learning. Health educators interested in fostering such integration must attend to the lack of resources within the various state adult education systems and must maintain a focus on helping adults improve their reading and writing skills. Curriculum that uses health as a content area while focusing on skill development will be welcomed as would collaborative relationships linking adult education with public health and medicine.

Table 1**What are the Barriers to Addressing Health in ABE and ESL Classes?****Key Themes and Summary Categories****Issues Related to Teaching and Teachers**

1. Resources
 - Lack of curriculum and/or training for teachers
 - Lack of culturally sensitive materials
2. Existing Demands
 - Lack of time
 - Pressure to teach basic skills
 - Lack of interest / not an area of high priority for teachers
3. Special Considerations: Lack of privacy needed to teach sensitive topics in co-ed classes

Issues Related to Adult Learners

1. Interest: Lack of student interest or willingness to participate
 2. Ability: Low literacy level of students/ ability to read health materials
-

Table 2**What Must Be Done Before Health Topics Can Be Introduced into Adult Basic Education?****Key Themes and Summary Categories****Issues Related to Teaching and Teachers**

1. Better staff training and curriculum resources
2. Awareness and buy-in from teachers
3. Cultural considerations needed for health and privacy
4. Need to find time in teaching schedules/make health topics a higher priority

Issues Related to Adult Education System Needs

1. Need evidence of the relationship between health and success in work, life, programs
2. Need federal mandate
3. Need links to community resources: e.g. health providers

Issues Related to Adult Learners

1. Students must be willing to participate
-



National Center for the Study of Adult Learning and Literacy

The Mission of NCSALL

The National Center for the Study of Adult Learning and Literacy (NCSALL) will pursue basic and applied research in the field of adult basic education, build partnerships between researchers and practitioners, disseminate research and best practices to practitioners, scholars and policymakers, and work with the field to develop a comprehensive research agenda.

NCSALL is a collaborative effort between the Harvard Graduate School of Education and World Education. The Center for Literacy Studies at The University of Tennessee, Rutgers University, and Portland State University are NCSALL's partners. NCSALL is funded by the U.S. Department of Education through its Office of Educational Research and Improvement (OERI) and OERI's National Institute for Postsecondary Education, Libraries, and Lifelong Learning.

NCSALL's Research Projects

The goal of NCSALL's research is to provide information that is used to improve practice in programs that offer adult basic education, English to Speakers of Other Languages, and adult secondary education services. In pursuit of this goal, NCSALL has undertaken research projects in four areas: (1) learner motivation, (2) classroom practice and the teaching/learning interaction, (3) staff development, and (4) assessment.

Dissemination Initiative

NCSALL's dissemination initiative focuses on ensuring that the results of research reach practitioners, administrators, policymakers, and scholars of adult education. NCSALL publishes a quarterly magazine entitled *Focus on Basics*; an annual scholarly review of major issues, current research and best practices entitled *Review of Adult Learning and Literacy*; and periodic research reports and articles entitled *NCSALL Reports*. In addition, NCSALL sponsors the Practitioner Dissemination and Research Network, designed to link practitioners and researchers and to help practitioners apply findings from research in their classrooms and programs. NCSALL also has a web site:

<http://hugsel.harvard.edu/~ncsall>

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National Center for the Study of Adult Learning and Literacy

Publications List

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Reports are NCSALL articles and research findings. The following *Reports* are available:

- _____ *Reports #1: Merrifield, J. (1998). Contested Ground: Performance and Accountability in Adult Education. \$10*
- _____ *Reports #2: Purcell-Gates, V., Degener, S., & Jacobson, E. (1998). Adult Literacy Program Practice: A Typology Across Dimensions of Life-Contextualized/Decontextualized and Dialogic/Monologic. \$5*
- _____ *Reports #3: Tyler, J., Murnane, R., & Willett, J. (in press). Estimating the Impact of the GED on the Earnings of Young Dropouts Using a Series of Natural Experiments. \$5*
- _____ *Reports #4: Bingman, M., Smith, C., & Stewart, K. (1998). Practitioners Speak: Contributing to a Research Agenda for Adult Basic Education. \$5*
- _____ *Reports #5: Rudd, R., Zacharia, C., & Daube, K. (1998). Integrating Health and Literacy: Adult Educators' Experiences. \$5*
- _____ *Reports #6: Beder, H. (1999). The Outcomes and Impacts of Adult Literacy Education in the United States. \$10*
- _____ *Reports #9: Rudd, R., Zahner, L., & Banh, M. (1999). Findings from a National Survey of State Directors of Adult Education. \$5*

Focus on Basics

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- _____ Vol. 1, Iss. B (May 1997), *Reading*
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- _____ Vol. 1, Iss. D (Dec. 1997), *Content-Based Instruction*
- _____ Vol. 2, Iss. A (Mar. 1998), *Learner Motivation*
- _____ Vol. 2, Iss. B (June 1998), *The GED*
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